

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Association of Realtors Congressional Fund</b>           |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00488742  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                    |  |   |  |
|---|--------------------|--|---|--|
| Full Name of Payee<br><b>National Association of REALTORS</b> |                    |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>05 / 21 / 2014</b>  |  |
| Mailing Address <b>430 N Michigan Ave</b>                     |                    |  | Amount<br><b>300.00</b>   |  |
| City<br><b>Chicago</b>  | State<br><b>IL</b> | Zip Code<br><b>60611-4011</b>  | Transaction ID : <b>E559465DFB77B4357920</b>  |  |
| Purpose of Expenditure<br>Consulting Services                 |                    | Category/Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY  |  |
| Name of Federal Candidate<br><b>Sen. Thad Cochran</b>         |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought       |                    | <b>377475.00</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶               |  |

|  |                    |  |   |  |
|--|--------------------|--|---|--|
| Full Name of Payee<br><b>Mentzer Media Services, Inc</b>         |                    |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>05 / 21 / 2014</b>  |  |
| Mailing Address <b>600 Fairmount Ave<br/>Ste 306</b>             |                    |  | Amount<br><b>321000.00</b>  |  |
| City<br><b>Towson</b>  | State<br><b>MD</b> | Zip Code<br><b>21286-1002</b>  | Transaction ID : <b>EFE00154863524104B35</b>  |  |
| Purpose of Expenditure<br>TV Production costs & online media buy |                    | Category/Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY  |  |
| Name of Federal Candidate<br><b>Sen. Thad Cochran</b>            |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought          |                    | <b>377475.00</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶               |  |

|   |                  |
|---|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>321300.00</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |                  |
| (c) TOTAL Independent Expenditures..... ▶                   |                  |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 22 / 2014**

Signature